

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-031277

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Hickory Registration District No. 1002 Registrar's No. 4557

VS 300
Rev. 4/59

1
2 0430
3
4 0
5 1
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7 0
8 2
9 9148
10 46
11 008
12 66-3
13

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Hickory			
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY				Length of stay in lb 1 WEEK		c. CITY OR TOWN PRESTON	
c. FULL NAME OF (If NOT in hospital, give location) ST. LUKE'S HOSPITAL				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) GENERAL DELIVERY	
3. NAME OF DECEASED (Type or print) First RICKEY Middle DEAN Last RUSH				4. DATE OF DEATH Month SEPTEMBER Day 5 Year 1962			
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6/9/1942	
9. AGE (last birthday) 20		10. IF UNDER 1 YEAR Months 0 Days 0		11. IF UNDER 24 HR Hours 0 Min. 0		12. CITIZEN OF WHAT COUNTRY U. S. A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LINEMAN				10b. KIND OF BUSINESS OR INDUSTRY SOUTHWEST ELEC. CO-OP, BOLIVAR, MO.			
11a. BIRTHPLACE (City and state or country) Missouri				11b. NAME OF HUSBAND OR WIFE MRS. ALICE RUSH			
13a. FATHER'S NAME FRANK RUSH				13b. MOTHER'S MAIDEN NAME Olita Mackey			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				17. INFORMANT MRS. ALICE RUSH			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) death from electrical Burns DUE TO (b) at arm & foot DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			
20c. TIME OF INJURY Hour 8-22 Month 6 Day 9 Year 62				20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II and 18.) Came in contact with electrical wire			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) near Warsaw MO			
20f. CITY, TOWN, OR LOCATION near Warsaw				20g. COUNTY MO			
21. I attended the deceased from 6:42 A. to 6:42 A. and last saw her alive on _____				21. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Hugh H. Owens				22b. ADDRESS 1321 Union Station			
23a. DATE SEPT. 5, 1962				23b. NAME OF CEMETERY OR CREMATOR ST. LUKE'S CEMETERY			
23c. LOCATION (City, town, or county) MARSHFIELD				23d. STATE MISSOURI			
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS KANSAS CITY, MO.				25. DATE RECD. BY LOCAL REG. 9-5-62			
26. REGISTRAR'S SIGNATURE Ruth Long				26. DATE SIGNED 9-5-62			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Louis Quest

Licensed Embalmer No. 4096

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.